



Redwood Coast Medical Services. Inc.

PO Box 1100	PO Box 629	PO Box 629
46900 Ocean Drive	30 Mill Street	175 Main Street
Gualala, CA 95445	Point Arena, CA 95468	Point Arena, CA 95468
Tel: 707-884-4005	Tel: 707-882-1704	Tel: 707-882-2189
Fax: 707-884-9728	Fax: 707-882-2667	Fax: 707-882-2698

www.rcms-healthcare.org

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you may get access to this information.

PLEASE REVIEW ALL OF THE FOLLOWING INFORMATION CAREFULLY!

Redwood Coast Medical Services (RCMS) is permitted by federal laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for these services.

EXAMPLES OF USES OF YOUR HEALTH INFORMATION FOR TREATMENT PURPOSES ARE:

- A staff member or provider obtains treatment information about you and records it in a health record. During the course of your treatment, the provider determines he/she will need to consult with another specialist in the area. He/she will share information with the specialist and obtain his/her input.

EXAMPLE OF USE OF YOUR HEALTH INFORMATION FOR PAYMENT PURPOSES:

- We submit requests for payment to your health insurance company. The health insurance company or business associate, helping us obtain payment, requests information from us regarding the medical care given to you. We will provide information to them about you and the care given.

EXAMPLES OF USE OF YOUR INFORMATION FOR HEALTH CARE OPERATIONS:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such business associates as necessary to obtain these services.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of RCMS. You have the following rights with respect to your PHI:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office – we are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for PHI by making a request to our office.
- Right to inspect and copy your health record or billing record – you may exercise this right by delivering the request in writing to our office using the form we provide you upon request; appeal a denial of access to your PHI except in certain circumstances.
- Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon

request. (The Physician or other Provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your PHI.

- Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care.
- Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request.

If you want to exercise any of the above rights, please contact the receptionist in person or in writing during normal working hours. The receptionist will provide you with assistance on the steps to take to exercise your rights.

OUR RESPONSIBILITIES

Redwood Coast Medical Services (RCMS) is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change or eliminate provisions in our privacy practices, assess practices and enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our notice or by visiting our office and picking up a copy.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact:

Ara Chakrabarti
PO Box 1100
Gualala CA 95445
707-884-4050

Additionally, if you believe that your privacy rights have been violated, you may file a written complaint to Ara Chakrabarti at the above address. A written complaint is best. You may also file a complaint to: OHCComplaint@hhs.gov

RCMS cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from any of our offices.

RCMS cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

The following is a list of other uses and disclosures allowed by the Privacy Rule:

Patient Contact: We may contact you to provide you with appointment reminders, with information about treatment alternatives or with information about other health related benefits and services that may be of interest to you.

Notification – Opportunity to Agree or Object: Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative or other person responsible for your care, about your location and about your general condition or death.

Communication with Family: Using our best judgment, we may disclose to a family member or other relative, close friend or any person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

PUBLIC HEALTH ACTIVITIES

We can disclose PHI to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment if the Physician or Provider believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

Oversight Agencies: Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations; inspections; licensures or disciplinary actions and for similar reasons related to the administration of healthcare.

Judicial/Administrative Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that only the Protected Health Information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your PHI for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to coroners or funeral directors consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transportation of organs, eyes or tissue for the purpose of donation or transplant.

Research: We may disclose to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Threat to Health and Safety: To avert a serious threat to health or safety, we may disclose your PHI consistent with applicable law to prevent or lessen a serious, imminent threat to health or safety of a person or the public.

For Specialized Government Functions: We may disclose your PHI for specialized government functions as authorized by law such to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

Other Issues and Disclosures: Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law and with your written authorization which you may revoke except to the extent information or action has already been taken.

Effective: April 14, 2003